

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	50	11/1/95
EXAMINER	300	7-13-96
TYPIST	Am	7/17
VERIFIER	315	7/17
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final Original	
1 2	11/1/95
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SYMBOLS  
 ✓ Rejected  
 \* Allowed  
 - (Through numbers) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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